

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: MEDICAL DEVICE SYSTEM WITH RELAYING
MODULE FOR TREATMENT OF NERVOUS
SYSTEM DISORDERS

Attorney Docket Number:: 011738.00136

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 33

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: T.
Family Name:: Rise
Name Suffix::
City of Residence:: Monticello
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 7745 Aetna Avenue, NE
City of mailing address:: Monticello
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55362

Applicant Authority Type:: Inventor
Primary Citizenship Country:: The Netherlands
Status:: Full Capacity
Given Name:: Adrianus
Middle Name:: P.
Family Name:: Donders
Name Suffix::
City of Residence::
State or Province of Residence:: Switzerland
Country of Residence:: The Netherlands
Street of mailing address:: Chemin Champs Rosset 3
CH1297 Founex
City of mailing address::
State or Province of mailing address:: Switzerland
Country of mailing address:: The Netherlands
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Scott
 Middle Name:: F.
 Family Name:: Schaffner
 Name Suffix::
 City of Residence:: Austin
 State or Province of Residence:: TX
 Country of Residence:: US
 Street of mailing address:: 10602 Showboat Cove
 City of mailing address:: Austin
 State or Province of mailing address:: TX
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 78730

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/503,792	09/19/03
This Application	Non-Provisional of	60/418,628	10/15/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic, Inc.
Street of mailing address:: 710 Medtronic Parkway, NE
MS-LC340
City of mailing address:: Minneapolis
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55432